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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: PRAWN SEAFOO	DDS INC	
DOCUMENT NUMBI			
	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
j	EFFREY WINE		
_		Name of Contact Person	n
F	PRAWN SEAFOODS INC		
_		Firm/ Company	
6	894 NW 32 AVE		
	• • • • • • • • • • • • • • • • • • • •	Address	
N	ИІАМІ, FL 33147		
_	·- · ·	City/ State and Zip Cod	c
leff@s	unset-foods.com		
		sed for future annual report	notification)
	E-man address, (to be d.	sea tor rature annual report	notification)
For further information	concerning this matter, pleas	se call:	
JEFFREY WINE		at (305	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation ٥f

PRA	WN	SEAL	FOODS	INC

(Name of Corporation as any	rrently filed with the Florida Dept. of State)
320174	rrently filed with the Fiorida Dept. of State)
	aber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	on:
N/A	
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia.	The new pration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A EAR TO
(maining address MAT BE A FOST OFFICE BOX)	
D. If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	. Florida
Her negacita Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam:	
	on and accept the bonganous of the position.
Signature of N	New Registered Agent, if changing

1.2

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LARRY FISHMAN	11290 ROCKINGHORSE RD
Add			HOLLYWOOD, FL 33026
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
!/A	
<u> </u>	
 _	-
	
7 TO 11	
	
If an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
1/A	
	

	10/10/18	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	/10/18	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this dadepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	10/18). Wine	
(Sy a	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	1
****	JEFFREY WINE	•
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	